# TABLE 3: UNIT COST PER CATEGORY

AGENCY/PROVIDER NAME:_____

**INSTRUCTIONS:** Use the Total column  from Table 1 for each service category, and Number of Units from Table 2 Divide Budget number from Table 1 by the number of units from Table 2 to get Cost per Unit for Table 3.

| SERVICES  CATEGORY | TOTAL BUDGET | NUMBER OF UNITS | COST PER UNIT |
|---|---|---|---|
| 1.  Ambulatory/Outpatient Medical Care | | | |
| 2.  Case Management | | | |
| 3.   Dental Care | | | |
| 4.  Drug Reimbursement Program | | | |
| 5.  Health Insurance | | | |
| 6.  Home Health Care | | | |
| 7.  Hospice Care | | | |
| 8.  Mental Health Therapy/Counseling | | | |
| 9.  Nutritional Services | | | |
| 10. Rehabilitation Care | | | |
| 11. Substance Abuse Treatment/Counseling | | | |
| 12. Other Services | | | |
| 13. Support Services | | | |
|     a. Adoption/Foster Care Assistance | | | |
|     b. Buddy/Companion Services | | | |
|     c. Client Advocacy | | | |
|     d. Counseling (Other) | | | |
|     e. Day or Respite Care | | | |
|     f. Direct Emergency Financial Assistance | | | |
|     g. Food Bank/Home Delivered Meals | | | |
|     h. Health Education/Risk Reduction | | | |
|     i. Housing Assistance | | | |
|     j. Outreach | | | |
|     k. Permanency Planning | | | |
|     l. Referral | | | |
|     m. Transportation | | | |
|     n.  Other Support Services | | | |